

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	acrobat distiller
Run by	OPS\$PCUMMING
Report Date	03-FEB-05 02:41

# Crosswalk Report

Status : FN                      Substance Abuse and Mental Health Services Administration  
Media ID : PFS                      Office of Applied Studie  
Start Date : 01-JUL-90  
End Date :  
Follow-up :

North Carolina's Treatment Episode Data Set  
Version : 1

K = Key Field		System	<u>North Carolina</u>
Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
1	System Transaction Type	-	Transaction Type Added to Each Record
K 2	State Code	NC	FIPS Code Added to Each Record
3	Reporting Date	-	Month and Year of Submission Added to Each Record

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Version : 1

K = Key Field		Minimum		<u>North Carolina</u>	
Item		Item			
No.	Treatment Episode Data Set		Value	State System Data	
<b>K 1</b>	<b>Provider Identifier</b>	-	<b>Facility Code</b>		
<b>K 2</b>	<b>Client Identifier (Admission)</b>	-	<b>Unique Identifier</b>		
<b>K 3</b>	<b>Co-Dependent/Collateral</b>	-	<b>Codependent/Collateral Data Not Collected</b>		
	2 No		2 No		
<b>K 4</b>	<b>Client Transaction Type</b>	-	-		
	A Initial Admission		A Initial Admission		
	T Transfer/Change in Service		T Transfer/Change in Service		
<b>K 5</b>	<b>Date of Admission</b>	-	<b>Date Admitted</b>		
<b>6</b>	<b>Number of Prior Treatment Episodes</b>	-	<b>Number of Prior Admissions</b>		
	0 0		0 0		
	1 1		1 1		
	2 2		2 2		
	3 3		3 3		
	4 4		4 4		
	5 Or More		5 5+		

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<b>7</b>	<b>Principal Source of Referral</b>	<b>-</b>	<b>Referring Agent</b>
01	Individual (includes self-referral))	01	Self
01	Individual (includes self-referral))	10	Family, Relatives
01	Individual (includes self-referral))	11	Friends
05	Employer/EAP	12	Employer
03	Other Health Care Provider	21	Other Inpatient Facility (Non State)
03	Other Health Care Provider	22	Inpatient/Residential Facility (State)
02	Alcohol/Drug Abuse Provider	26	Drug/Alcohol Inpatient/Residential (State)
03	Other Health Care Provider	32	Psychiatric Non Residential Program
02	Alcohol/Drug Abuse Provider	34	Drug/Alcohol Inpatient/Residential (Non State)
03	Other Health Care Provider	41	Private Physician
06	Other Community Referral	44	Nursing Home, Board and Care Home
06	Other Community Referral	46	Veterans Administration
03	Other Health Care Provider	48	Developmental Evaluation Center
03	Other Health Care Provider	49	Other Medical or Health Agency
06	Other Community Referral	51	Non Medical Professional
06	Other Community Referral	60	Social Service Agency
07	Court/Criminal Justice/DUI/DWI	71	Court, Corrections, Prisons
04	School (Educational)	80	Education
07	Court/Criminal Justice/DUI/DWI	82	Police
06	Other Community Referral	92	Alcoholic's Anonymous
06	Other Community Referral	93	Vocational Rehab
06	Other Community Referral	96	Shelter for Homeless/Abused
97	Unknown	99	Other

<b>8</b>	<b>Date of Birth</b>	<b>-</b>	<b>Date of birth</b>
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<b>9</b>	<b>Sex</b>	<b>-</b>	<b>Sex</b>
2	Female	F	Female
1	Male	M	Male

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<b>10</b>	<b>Race</b>	-	<b>Race</b>	
03	Asian or Pacific Islander	A	Asian or Pacific Islander	
20	Other	H	Hispanic	
02	American Indian ( Other than Alaskan Native)	I	American Indian	
04	Black or African American	N	African-American	
98	Not Collected	O	Other	
97	Unknown	U	Unknown	
05	White	W	White	
13	Asian			
23	Native Hawaiians or Other Pacific Islanders			

<b>11</b>	<b>Ethnicity</b>	-	<b>Not Collected</b>	
No longer effective as of: 07-01-1990				

<b>11</b>	<b>Ethnicity</b>	-	<b>Ethnicity</b>	
03	Cuban	C	Hispanic, Cuban	
04	Other Specific Hispanic	H	Hispanic, Other	
02	Mexican	M	Hispanic, Mexican	
05	Not of Hispanic Origin	N	Not Hispanic, Orgin	
01	Puerto Rican	P	Hispanic, Peurto Rican	
97	Unknown	U	Unknown	

<b>12</b>	<b>Education</b>	-	<b>Education Level</b>	
01-25	Years of School(Highest Grade) ( General Equivalency Degree, use 12)	-	-	
00	Less Than One Grade Completed	-	-	
97	Unknown	97	Unknown	

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<b>13</b>	<b>Employment Status</b>	-	<b>Employment Status</b>
03	Unemployed	0	Unemployed Available for Work
01	Full Time	1	Full Time
02	Part Time	2	Part Time
04	Not in Labor Force	3	Student
04	Not in Labor Force	4	Retired
04	Not in Labor Force	5	Homemaker
04	Not in Labor Force	6	Not in Work Force
01	Full Time	7	In the Armed Forces
04	Not in Labor Force	8	Seasonal/Migrant
<b>14</b>	<b>Substance Problem Codes ( Primary-14A,Secondary-14B, Tertiart-14C)</b>	-	<b>Major Substances, Primary, Secondary, Tertiary</b>
01	None	00	None
02	Alcohol	01	Alcohol
03	Cocaine, Crack	02	Crack/Cocaine
04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preparations)	03	Marijuana/Hashish
05	Heroin	04	Heroin
06	Non-Prescription Methadone	05	Non Prescription Methadone
07	Other Opiates and Synthetics	06	Other Opiates and Synthetics
08	PCP	07	PCP
09	Other Hallucinogens	08	Other Hallucinogens
10	Methamphetamine	09	Methamphetamines
11	Other Amphetamines	10	Other Amphetamines
12	Other Stimulants	11	Other Stimulants
13	Benzodiazepine	12	Benzodiazepine
14	Other Tranquilizers	13	Other Tranquilizers
15	Barbiturates	14	Barbiturates
16	Other Sedatives or Hypnotics	15	Other Sedatives or Hypnotics
17	Inhalants	16	Inhalants
18	Over-the-Counter	17	Over the Counter
20	Other	18	Other

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>15</b>	<b>Usual Route of Administration ( Primary-15A, Secondary-15B, Tertiari-15C)</b>	-		<b>Usual Route of Administration</b>
01	Oral	1	Oral	
02	Smoking	2	Smoking	
03	Inhalation	3	Inhalation	
04	Injection (IV or intramuscular)	4	Injection	
20	Other	5	Other	
<b>16</b>	<b>Frequency of Use ( Primary-16A, Secondary-16B, Tertiary-16C)</b>	-		<b>Frequency of Use</b>
01	No past month use	0	Drug Not Used During Past Month	
02	1-3 times in past month	1	Drug Used 1-3 Times in Past Month	
03	1-2 times per week	2	Drug Used 1-2 Times per Week	
04	3-6 times per week	3	Drug Used 3-6 Times per Week	
05	Daily	4	Drug Used Daily	
<b>17</b>	<b>Age of First Use (Primary-17A, Secondary-17B, Tertiary-17C)</b>	-		<b>Age of First Use or Alcohol Intoxication</b>
<b>K 18</b>	<b>Type of Services</b>	-		<b>Admission Log Service Code</b>
01	Hospital Inpatient ( Detox, 24 hour Service)	01	Detox, 24 Hr Hospital	
02	Free-standing Residential ( Detox, 24 hour Service)	02	Detox, 24 Hr Residential	
03	Hospital (other than detox)	03	Rehab/Res - Hosp (other than detox)	
04	Short-term, ( 30 days or fewer)	04	Rehab/Res - Short Term (30 days or less)	
05	Long-term, ( more than 30 days)	05	Rehab/Res - Long Term (over 30 days)	
06	Intensive Outpatient	06	Ambulatory - Intensive Outpatient	
07	Non-Intensive Outpatient	07	Ambulatory - Outpatient	
08	Ambulatory Detoxification	08	Ambulatory - Detoxification	

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19	Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual	-	Admission Log Methadone Planned	
1	Yes		1	Yes
2	No		2	No



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Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	DSM Diagnosis	-	Principal Diagnosis(P)	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	Not Collected	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	PSYCHIATRIC PROBLEM ( in addition to Alcohol and Drug Problem)	
1	Yes	1	Yes	
2	No	2	No	
7	Unknown	7	Unknown	
No longer effective as of: 07-01-1990				
6	Pregnant at Time of Admission	-	Yes, Client is Pregnant, No, Client is Not Pregnant	
2	No	N	No	
1	Yes	Y	Yes	
7	Veteran Status	-	Not Collected	
No longer effective as of: 07-01-1990				

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Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>7</b>	<b>Veteran Status</b>	-		<b>Veterans Status</b>
2	No		N	No
7	Unknown		U	Unknown
1	Yes		Y	Yes
<b>8</b>	<b>Living Arrangements</b>	-		<b>Living Arrangement</b>
97	Unknown		0	Unknown
03	Retirement/Pension		1	Adult Living with Spouse/Portner
02	Public Assistance		2	Child or Adult Living with Parent(s)
02	Public Assistance		3	Child or Adult Living with Adult Relative (Dependent)
02	Public Assistance		4	Child Living with Adult, Non-Relative (Foster Care)
03	Retirement/Pension		5	Adult of Child Living Independently (With or Without Others)
02	Public Assistance		8	Child or Adult Living in Institution (Hospital, Nursing Home)
02	Public Assistance		9	Child or Adult Living in Group Quarters (Dependent)
01	Homeless		A	Homeless
01	Homeless		B	Shelter
<b>9</b>	<b>Source of Income/Support</b>	-		<b>Not Collected</b>
<b>10</b>	<b>Health Insurance</b>	-		<b>Not Collected</b>
<b>11</b>	<b>Expected/Actual Primary Source of Payment</b>	-		<b>Not Collected</b>

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## 12 Detailed Not in Labor Force - Employment Status

02	Student	3	Student
03	Retired	4	Retired
01	Homemaker	5	Homemaker
06	Other	6	Not in Work Force, not Available for Work

No longer effective as of: 07-01-1990

## 12 Detailed Not in Labor Force - Detailed "Not In Labor Force"

02	Student	03	Not in workforce, Student
03	Retired	04	Not in workforce, Retired
01	Homemaker	05	Not in workforce, Homemaker
06	Other	06	Not in workforce

## 13 Detailed Criminal Justice Referral Categories - Not Collected

## 14 Marital Status - Marital Status

04	Divorced	A	Annulled
04	Divorced	D	Divorced
02	Now Married or Cohabiting	M	Married
03	Separated (legally or otherwise absent)	P	Separated
01	Never Married	S	Single (never married)
97	Unknown	U	Unknown
05	Widowed	W	Widowed

## 15 Days Waiting to Enter Treatment - Not Collected

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**Discharge**

North Carolina

Item No.	Treatment Episode Data Set	Item	Value	State System Data
<b>104</b>	<b>Provider ID (At Discharge)</b>	~	<b>Discharge Not Yet Collected</b>	
<b>105</b>	<b>Client Identifier - (At Discharge)</b>	~	<b>Discharge Not Yet Collected</b>	
<b>106</b>	<b>Co-Dependent/Collateral At Discharge</b>	~	<b>Discharge Not Yet Collected</b>	
<b>109</b>	<b>Service at Discharge</b>	~	<b>Discharge Not Yet Collected</b>	
	01 Hospital Inpatient			
	02 Free-Standing Residential			
	03 Hospital (Other than Detox)			
	04 Short-Term, <=30 days			
	05 Long-Term, >30 days			
	06 Intensive Outpatient			
	07 Outpatient			
	08 Detoxification			
	97 Unknown			
<b>146</b>	<b>Date of Last Contact</b>	~	<b>Discharge Not Yet Collected</b>	
<b>147</b>	<b>Date of Discharge</b>	~	<b>Discharge Not Yet Collected</b>	

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**Discharge**  
Item

North Carolina

No. Treatment Episode Data Set Value State System Data

<b>149</b>	<b>Reason for Discharge , Transfer or Discontinuance of Treatment</b>	~	<b>Discharge Not Yet Collected</b>
01	Treatment Complete		
02	Left Against Professional Advice (Drop Out)		
03	Terminated by Facility		
04	Transferred to Another Substance Abuse Treatment Program or Facility		
05	Incarcerated		
06	Death		
07	Other		
08	Unknown		
14	Transferred to another substance abuse treatment program/facility, didn't report		
98	Not Collected		

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report